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23363 7590 04/28/2010

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Christine Sherwood	(Depositor's name)
<i>Christine Sherwood</i>	(Signature)
May 21, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/566,052	03/21/2007	Carine Hoffmann	56959/N75	2057

TITLE OF INVENTION: METHOD OF BRAZING A TI-AL ALLOY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/28/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LAVILLA, MICHAEL E		1784	428-660000			

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>
<p>1 <u>Christie, Parker & Hale, LLP</u></p> <p>2 _____</p> <p>3 _____</p>	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ONERA (Office National d'Etudes
et de Recherches Aerospatiales)

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chatillon, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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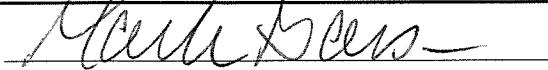
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1728 (enclose an extra copy of this form).

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Authorized Signature



Date May 21, 2010

Typed or printed name Mark Garscia

Registration No. 31,953

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